

PATENT APPLICATION SERIAL NO. \_\_\_\_\_


U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

05/14/2004 GWORDOF1 00000023 090456 10709562

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PTO-1556  
(5/87)

**Electronic Filing System (EFS) Data**  
**Electronic Patent Application Submission**  
**USPTO Use Only**

EFS ID: 60934  
Application ID: 10709562   
Title of Invention: METAL SEED LAYER DEPOSITION  
First Named Inventor: Steven Barkyoumb  
Domestic/Foreign Application: Domestic Application  
Filing Date: 2004-05-13  
Effective Receipt Date: 2004-05-13  
Submission Type: Utility Patent Filing  
Filing Type: new-utility  
Confirmation number: 3561  
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Total Fees Authorized: 1076.0  
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Deposit Account Name: William D. Sabo  
RAM Payment Status: RAM has not been processed

Digital Certificate Holder: cn=William D. Sabo,ou=Registered Attorneys,ou=Patent and Trademark  
Office,ou=Department of Commerce,o=U.S. Government,c=US  
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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10709562

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	30	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	30 minus 20 = *	10
INDEPENDENT CLAIMS	4 minus 3 = *	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
XS18=	180.00
X86=	86.00
+290=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	